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POWER OF ATTORNEY OR **REVOCATION OF POWER OF ATTORNEY** WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/653,870
Filing Date	September 1, 2000
First Named Inventor	Jarle Svean
Title	Ear Terminal
Art Unit	
Examiner Name	<u> </u>
Attorney Docket Number	H0029244_4351-00700

I hereby revoke all previous powers of attorney given in the above-identified application.							
Samuel .	torney is submitted herewith.	r					
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Assignee of record of the entire Interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on							
	SIGNATURE of Applicant	or Assignee of	Record				
Signature			Date				
Name	Manish Shanbhag		Telephone 2	203.484.6440			
Title and Company	ny Assistant Secretary, Nacre AS						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
*Total offorms are submitted.							

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